

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 AM 11:40

DOCUMENT # *P98000063621*

1. Corporation Name

DEVELOPMENT 2000 ENTERPRISE GROUP INC.

2. Principal Office Address

9092 N.W. SOUTH RIVER DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY #48

City & State

MEDLEY FL

City & State

Zip

33166

Country

USA

Zip

Country

500031844265
04/05/04-01064-018 ***908.75
REINSTATEMENT *0304*

4. Date Incorporated or Qualified
To Do Business in Florida 07/20/98

5. FEI Number
65-0930602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FEDERICO J. RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

9092 NW South /r River Dr., Bay 48

Suite, Apt. #, Etc.

City

MEDLEY

State
FL

Zip Code

33018

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/d	RAUL RODRIGUEZ	9092 NW South River Dr.	MEDLEY, FL. 33166
S.D	FEDERICO J. RODRIGUEZ	9092 NW South River Dr.	MEDLEY, FL. 33166
T/D	MARIO A. Oliva	9092 NW South River Dr.	MEDLEY, FL. 33166

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/01/04